

RECEIVED

DEC 23 '05

STATE OF SOUTH DAKOTA

Statement of Legal Newspaper Ownership and Circulation

Return to: Secretary of State, 500 E. Capitol, Pierre, SD 57501-5077

S.D. SEC. of STATE

1. TITLE OF NEWSPAPER Bridgewater Tribune		2. DATE 09/29/05
3. FREQUENCY OF ISSUE Weekly	3A. NO. OF ISSUES PUBLISHED ANNUALLY 52	3B. ANNUAL SUBSCRIPTION PRICE \$ 23.00/25.00/26.00
4. COMPLETE MAILING ADDRESS OF KNOWN OFFICE OF PUBLICATION (Street, City, County, State and ZIP+4 Code) (Not printers) P.O. Box 250, Bridgewater, McCook County, SD 57319		
5. COMPLETE MAILING ADDRESS OF THE HEADQUARTERS OR GENERAL BUSINESS OFFICES OF THE PUBLISHER (Not printers) P.O. Box 250, Bridgewater, McCook County, SD 57319		
6. FULL NAME OF PUBLISHER: Troy Schwans		
7. OWNER (If owned by a corporation, its name and address must be stated and list on the back of this form the names and addresses of stockholders owning or holding 1 percent or more of total amount of stock. If not owned by a corporation, the names and addresses of the individual owners must be given. If owned by a partnership or other unincorporated firm, its name and address, as well as that of each individual must be given. <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> FULL NAME Schwans Publications, Inc. </div> <div style="width: 45%;"> COMPLETE MAILING ADDRESS P.O. Box 220, Salem, SD 57058-0220 </div> </div>		
8. KNOWN BONDHOLDERS, MORTGAGES, AND OTHER SECURITY HOLDERS OWNING OR HOLDING 1 PERCENT OR MORE OF TOTAL AMOUNT OF BONDS, MORTGAGES OR OTHER SECURITIES (If there are none, so state. If more space is needed, list on back of this form. First Dakota National Bank, P.O. Box 100, Salem, SD 57058		
9. EXTENT AND NATURE OF CIRCULATION	AVERAGE NO. COPIES EACH ISSUED PRECEDING 12 MONTHS	ACTUAL NO. COPIES ISSUED NEAREST TO FILING DATE
A. TOTAL NO. COPIES (Net Press Run)	590	580
B. PAID AND/OR REQUESTED CIRCULATION	20	15
1. Sales through dealers and carriers, street vendors and counter sales.		
2. Mail Subscription (Paid and or requested)	403	399
C. TOTAL PAID AND/OR REQUESTED CIRCULATION (Sum of 9B1 and 9B2)	423	414
D. FREE DISTRIBUTION		
1. BY MAIL, CARRIER OR OTHER MEANS	56	56
2. SAMPLES, COMPLIMENTARY AND OTHER FREE COPIES	0	0
E. TOTAL DISTRIBUTION (Sum of C, D1 and D2)	479	470
F. COPIES NOT DISTRIBUTED		
1. Office use, left over, unaccounted, spoiled after printing	111	110
2. Return from News Agents	0	0
G. TOTAL (Sum of E, F1 and F2 - Should equal net press run shown in A)	590	580

Statement must be signed by Publisher, Business Manager, or Owner in the presence of a Notary Public
I swear that the statements made by me are true, correct, and complete:

Troy Schwans
 (Signature)

Owner
 (Title)

State of South Dakota)

County of McCook) §

(Seal)

TAMARA E. PAULSEN

NOTARY PUBLIC
SOUTH DAKOTA

Form: SOS REC 051 7/2004

Sworn to before me this 30 day of Sept, 2005
Tamara E. Paulsen
 Notary Public
My commission expires: 08-09-08